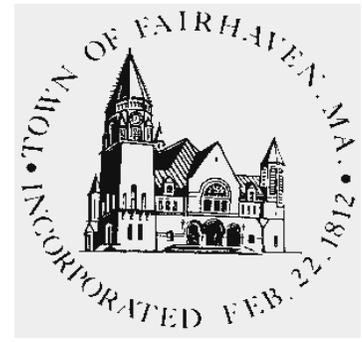


TOWN OF FAIRHAVEN

Recreation Department

Employment Application



We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position Applied For: _____ Date of Application: _____

Personal Information

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	E-Mail Address	Social Security Number	

If you are under 18 years of age, can you provide required proof of eligibility to work? ___yes ___no

Are you currently employed? ___yes ___no

May we contact your present employer? ___yes ___no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___yes ___no
Proof of citizenship or immigration status will be required upon employment

On what date will you be available for work? _____

Have you been convicted of a felony in the last 7 years? ___yes ___no

If yes, please explain

Education Experience *Please fill this section out completely*

High School _____	Address _____	Last Year Completed 1 2 3 4
Undergraduate College/University _____	Address _____	Diploma/Degree _____
<u>Describe any specialized training, apprenticeship, skills and extra-curricular activities</u>		

Employment Experience

Employer Name and Address	Job Title	Dates of Employment	Supervisor and Phone Number

Additional Activities, Skills, Certifications, Etc.

Availability to Work

Day	Time (From/To)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

References

<p>Please give name and telephone number of three references who are not related to you and are not previous employers.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specially acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date